

MASON CONSOLIDATED SCHOOLS
ERIE, MICHIGAN
Employee Absence Report

JOB# _____

NAME: _____ TODAY'S DATE _____

POSITION: _____ BUILDING: _____

I wish to be _____ was _____ absent from work on the following date(s):

Reason for Absence:

- | | |
|--|---|
| <input type="checkbox"/> Sick Self | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Sick Family Member | <input type="checkbox"/> Funeral (Relationship) _____ |
| <input type="checkbox"/> Necessary Personal Business | <input type="checkbox"/> Other _____ |

Number of hours per day if partial day: _____

I assure the Administration that my purpose for absence from work is as stated above and that any misrepresentation or inappropriate use of a paid excused absence day will be justifiable cause for disciplinary action.

Employee Signature: _____

Approval with pay by Supervisor and Superintendent is always conditional upon the employee having such hours accrued.

- Your request for absence has been:
- Approved
 - Approved without pay
 - Disapproved

Supervisor's Signature: _____ Date: _____

Superintendent's Signature _____ Date: _____